



## Perioperative medicine – work continues

### Perioperative medicine – definition

Perioperative medicine (POM) is the multidisciplinary, integrated care of patients from the moment surgery is contemplated through to recovery. It involves:

- Preoperative evaluation.
- Risk assessment and preparation.
- Intraoperative care.
- Postoperative care (including monitoring, rehabilitation and post-discharge).
- Communication and handover to primary care or referrer.
- Co-ordination of personnel and systems.
- Shared decision making.

Work on the development of a perioperative medicine qualification continues as planned and the establishment of a patient journey timeline has been completed.

We have also undertaken widespread communication with our non-anaesthetist medical colleagues and other key stakeholder groups including jurisdictional health departments.

Using the now agreed definition of perioperative medicine the co-chair of the Perioperative Care Working Group Dr Jeremy Fernando describes on the opposite page, how this timeline will provide the framework to further define a systematic approach to the development of perioperative medical services.

The Perioperative Medicine Education Group, chaired by ANZCA councillor Dr Sean McManus, is making steady progress on the education package.

The graduate outcome statement (that is, the definition of what a perioperative specialist) is drafted, and the group is now finalising a draft curriculum framework with the aim of presenting this at the Perioperative Medicine Special Interest Group meeting in Brisbane in November.

The college is developing a survey, similar to the one undertaken by ANZCA to gauge the interest in a perioperative medicine qualification and practice, for use by the more closely aligned colleges – the College of Intensive Care Medicine, the Royal Australasian College of Physicians, the Royal Australasian College of Surgeons, the Australian College of Remote and Rural Medicine, the Royal Australian College of General Practitioners and the Royal New Zealand College of General Practitioners. The results of these surveys will be published in due course.

The first *Perioperative medicine* *communiqué* was circulated in July following the meeting of the Perioperative Medicine Steering Committee. Interestingly the link to the communiqué from the August ANZCA *E-Newsletter*

received among the highest number of click-throughs, showing the strong engagement our fellows have with this project.

The college has also developed a *Stakeholder engagement and communications plan* with an associated database of key stakeholders. There are at least 200 groups and individuals in this table, and this will no doubt grow over time.

ANZCA will regularly produce a communiqué to keep stakeholders informed.

Collaboration with these groups is key to the success of this project. A new member of the group is community representative, Ms Heather Gunter, a NZ registered nurse with personal experience of the failings of an unintegrated system.

More information about the activities of the college in this space can be found on the website at [www.anzca.edu.au/about-anzca/perioperative-medicine](http://www.anzca.edu.au/about-anzca/perioperative-medicine). The committee also welcomes any feedback from fellows or trainees via [periop@anzca.edu.au](mailto:periop@anzca.edu.au).

**Dr Vanessa Beavis**  
Chair, Perioperative Medicine Steering Committee



### Perioperative medical journey is now mapped

Having developed an agreed definition for perioperative medicine, the Perioperative Care Working Group (PCWG) has now described the patient journey from the contemplation of surgery to recovery.

The perioperative patient journey has many components. To further describe its complexity a timeline has been developed that clearly maps the patient journey through the perioperative medical process.

This timeline is providing the framework to further define and allow a systematic approach to the development of perioperative medical services. The Perioperative Care Working Group (PCWG) is in the process of describing principles and giving general recommendations for those wanting to further develop perioperative medical services.

The results of this work will form the basis of a new resource that will play a core role in the establishment of the new perioperative medicine qualification being developed by ANZCA in collaboration with other key medical groups.

Dr Fernando, a Queensland anaesthetist and intensive care specialist who is the chair of the Perioperative Medicine Special Interest Group and the PCWG says: “Defining the POM timeline is important because there is a lot happening in the perioperative medical space and we need a framework in which we can understand how the components fit together.

“It will also help in the communication between those at various parts of the time, from primary care to rehabilitation. The document will serve as a reference for those wanting to understand what is happening in Australia and New Zealand in perioperative medicine.”

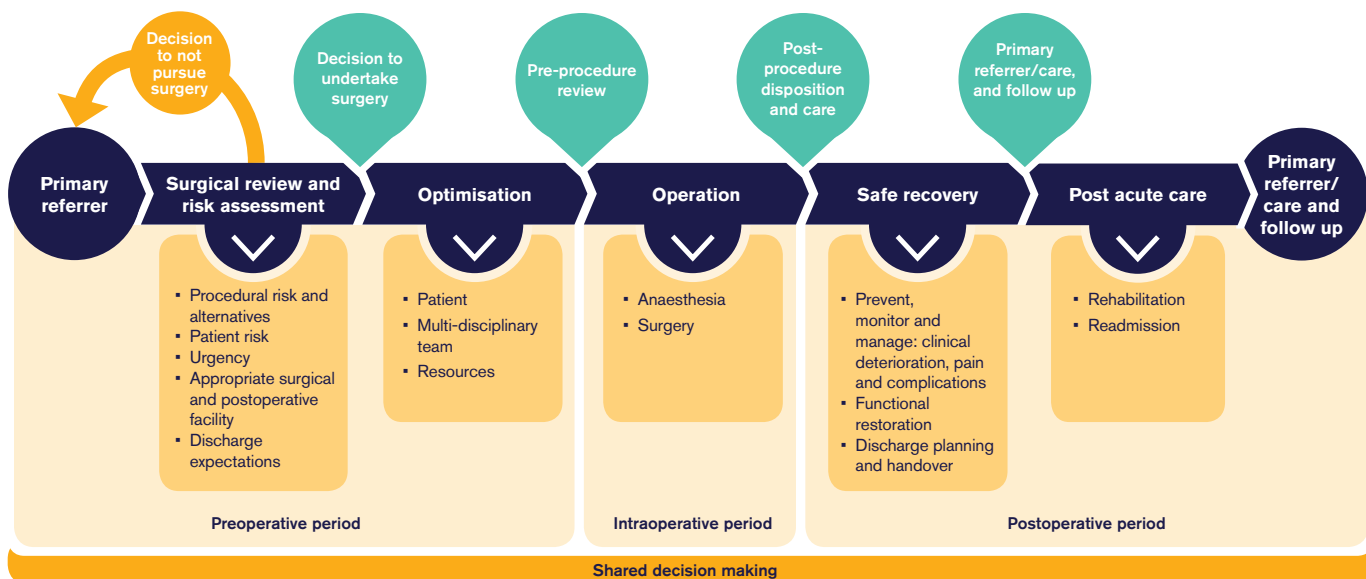
The PCWG is made up of a range of specialists who can bring important perspectives to the patient journey – anaesthetists, intensive care specialists, physicians, geriatricians, general practitioners and a surgeon.

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# Perioperative medicine – work continues (continued)

## The perioperative medicine timeline

From the contemplation of surgery to recovery



The members of the PCWG have been broken into groups tasked with analysing the seven components of the patient journey. These are: primary referrer and referral, surgical review and risk assessment, optimisation, intraoperative care, safe recovery, post-acute care and primary referrer/care and follow up.

Each group will develop for their component:

- Principles.
- Recommended practices for each principle.
- Examples of recommended practices.
- References.

Eventually the components will form seven chapters and the principles will make up an executive summary of the resource, which is expected to be finalised in early 2020.

**Dr Jeremy Fernando**  
Chair, Perioperative Care Working Group

## Perioperative Care Working Group

**Dr Jeremy Fernando** (Chair)  
– ANZCA/CICM, Qld

**Dr David Alcock** – ANZCA, Tas

**Dr Su Jen Yap** – ANZCA, NSW

**Associate Professor Arthas Flabouris**  
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**Professor Guy Ludbrook** – ANZCA, SA

**Dr Simon Reilly** – ANZCA/ASA, Vic

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**Professor Alison Mudge** – RACP  
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**Dr Rachel Aitken** – RACP  
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**Dr Margot Lodge** – RACP  
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**Dr Kathy McDonald** – RNZGP, NZ

**Professor Michael Cox** – RACS, NSW